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LEADING ARTICLES

THE PROBLEM OF A FEDERAL DEPARTMENT OF HEALTH.*

LISTON HOMER MONTGOMERY, M. D.

CHICAGO, ILL.

The Latin aphorism, "Mens sana in corpore sano," is indeed a lofty principle of the human mind, or to quote the words of Pasteur, "The realm of science embraces the whole of humanity," and as this Association has convened in thirty-fifth annual session in this imperial city of culture and refinement to discuss as best we may in the time allotted to us all that there is contained within the realms of medical science toward the alleviation of suffering humanity and evolution of the human race. Hence, along this line of thought, the writer has selected the above topic for your respectful consideration, as coming within the domain of promoting the welfare and happiness of the American people.

It is true, and may well be stated, much has recently been said and published by able writers upon this and kindred topics which was not the case in years gone by.

And equally true it also is, that proper and unified sentiment is well-nigh crystallized in ths direction by the rank and file of the medical profession. While there are others, and I regret to say that they are in the majorty, who have written upon the need or proposition to create a national bureau of public health, more regrettable is this because the latter class fail to emphasize the two great factors or paramount ideas, namely, that a department of public health is most desired, and with a cabinet official who shall be a medical scientist in charge of the new portfolio; and not a bureau or subordinate organization of one of the departments such as has existed for many years, with its de facto secretary as a department head, who supervises or has control over said subordinate bureau or subdivision, as the case may be.

In this direction also, thus far we are not aware that the able Committee of One Hundred on National Health, nor its efficient chairman, Dr. Irving Fisher, have advocated a department of health; their aim is to secure a bureau or various subdivisions (call them what you will) under the general government, and the same course is also being pursued by the present Committee on Legislation of the A. M.A., and these bureau movemnts have received the sanction and endorsement of the American Medical Association.

This retrograde or backward step, as I view it, on the part of the A.M.A., is not endorsed by the writer. Whereas, several years ago, ere the House of Delegates was elected or created, at each annual session of the A. M. A., through its committee, which provided for a department of health and a physician in the cabinet.

Does it not seem logical that the present existing methods or laws governing whatever there is pertaining to the health bureaus of the various departments, scattered as they are, or the establishing of several other so-called bureaus, divisions, or health agencies, creates or will create a much increased or unnecessary expense to the Federal government than if these bureaus were centralized into one department? And besides this, we will be in no better shape to cope with disease and unsanitary conditions than the nation has been heretofore, due in part at least to what necessarily must follow, namely, a division of authority or inadequate authority and inefficiency governing hygiene, and all else that pertains to the spread of preventable, con-

*Read before the Mississippi Valley Medical Association, St. Louis, 1909.

tagious, infectious and communicable diseases.

It must not be understood, however, that we deplore the good work that is done by the Bureau of Pure Food and Drugs that exists in the Department of Agriculture, nor that accomplished by the Bureau of Vital Statistics and others, not that the Surgeon General of the Army and Navy, including the services performed by the United States Marine Hospital service; but its authority is rarely inland, its duty being mainly confined to maritime, quarantine measures, their hospitals, their sick and disabled seamen. Of course, there is connected with the service its laboratories, etc., but all these bureaus and their professional services are disconnected. They are attached to the various departments, as the treasury, the interior, the war, the agricultural, the navy department, etc. Hence, in my judgment, these various health agencies or bureaus of health are imperfectly arranged. Notwithstanding this inco-ordinate arrangement the scientific work is performed by medical experts, who are associated with the various bureaus of these several departments. In my judgment, therefore, a very large proportion of the medical profession are more alert today to this condition, or lack of condition, of scientific arrangement of the health agencies fo the United States, yet too many long years elapsed before we awoke to the necessity and realization of this fact.

To briefly illustrate this point on a dim inutive scale, what sort of arrangement would you regard your household affairs, as we ordinarily consider a well regulated mansion, if your kitchen were situated at a remote distance from your home, your dining room a mile distant in another building, your culinary utensils and provisions housed in other remotely situated places or receptacles—all in an incoherent, inconvenient and inefficiently arranged manner?

Would you not think a different individual would be required at an increased expense to manage or care for each separate subdivision or these various bureaus of your household, than if all were arranged and housed together under one able and efficient head?

Another comparative illustration of the inefficiency in scattering the various health agencies of our government as at present exists may be cited,if such is not a supposiious one, namely, suppose a powerful unesisting naval force from some foreign hore should make assault upon one of our eaport cities and we had no combined or sufficient naval and military force to repel the attack, very soon we would have a fleet of war ships and military that is now scattered through the United States, on land and sea, from Maine to Texas,rendezvoused as rapidly as possible to repulse the enemy.

The Federal government must soon realize the importance and necessity of this department, and I would love to see this fact emphasized by this august body of medical scientists, not alone in resolute and concrete form, but in the name and for the welfare of the citizens of the United States, demand that such department shall be created. We will admit that efficiency at least is practiced under the present existing though incoherent conditions in certain directions,for example,in the Panama canal zone,which is under the Department of the Secretary of War,and yet more immediately and directly under the hygienic and ever-watchful eye of Colonel W. C. Gorgas, while the enforcement of the Pure Food and Drugs Act under the Department of Agriculture is entitled to our hearty commendation, of which Dr. H. W. Wiley is chief chemist.

Hence in those two departments,efficiency and great credit must be given to medical science, chemistry and hygiene. The same degree of efficiency may also be stated of the bureau of vital statistics. But, all these bureaus or subdivisions are under the careful guidance of physicians instead of laymen. Far be it then from my province to deny the helpful aid which, as above stated, is performed by the United States Marine Hospital Service and others who are more directly associated in public health work. Neither is this an argument that we should lessen our efforts toward securing this portfolio with a member of the medical profession in charge of same.

The time for this needed reform has arrived for the creation of this department. Past conditions must not longer endure. As I am an optimist upon this subject, I predict, that as this nation is progressive, in the year 1950 we will have more than 100,000,000 of people, while some writers advance their opinions that it will be nearly double the population at the present time. In the year 2000 is it amiss to surmise this nation will contain somewhere between the latter figures and two hundred million souls, providing there is room and land enough for our population to grow. Think of the vastness of these figures, and then of the antiquated methods in health problems that will not conform to these latter and greater possibilities. Of course, agricultural production, we hope, will

forge ahead to feed and support this increase in population, but again, I say, this does not lessen the demand for the education of the people through the channel of this proposed national department of health; therefore, we must utilize our united efforts and influence toward sceurng this department.

It is not a party issue nor a political asset, although my judgment is, the political party that brings to you this department will command the approbation of the people for years to come. Why not put the question squarely to Congress and ask, what are you going to do about it? We must not feel the futility of trying to solve this problem. I cannot conceive that it is so vast but what the goal of victory is ours.

In the republic of Mexico, they have their superior board of health, with a well known medical scientist as its president. In the Dominion of Canada they have in each province a provincial medical secretary, the headquarters of which, so far as the provinces of Quebec and Ontario are concerned, is at Ottawa, the seat of government of the dominion. Their rank is nearly the same, or practically equivalent to those of the Ministers of the various departments in the Canadian government, while the latter officials are on a par with a Cabinet position in our government.

In our sister republic, Cuba, there is in addition to their several other departments, namely, those of justice, state, the treasury, agriculture, etc., a department of public health and charity,created under the new constitution of January 28, last. It is presided over by a physician, Dr. Matias Duque, whose title is that of secretary of this department; it is a cabinet position, and he is recognized officiallly as a member of the presidential family.

My friend, Dr. John Guiteras, director of sanitation of the Cuban department of health, in a recent communication advised me among other things,that $3,427,000 was appropriated by their federal government to defray the expense of said department for the prsent year, 1909. Whereas, our national government, through the Department of Agriculture, has for some years past appropriated about $8,000,000 annually for plants, pigs, cattle, bugs and beetles, but not one dime for hundreds of thousands of babies and public health, indirectly that dairy products and meat inspection is carried out. What I intend more particularly to convey is, that nothing has been done by the federal government in biologic research for the germ of whooping-cough, spinal meningitis, nor anything else practical for the welfare of the babies of our land and public health generally. Then, is it not pertinent to inquire, are these little people receiving a square deal? The results of the first year's work done by the department of health in Cuba is, since February, the Pearl of the Antilles has been entirely free from small-pox, yellow fever, and bubonic plague. Hence, in Cuba, they think, and rightly so, that since their present sanitary conditions were inaugurated the results thus far achieved may be considered one of the most brililant in the world. Can this be said of our own glorious United States, regarding all of those preventable and other quarantinable maladies, pellagra included?

Medical scientists' views, therefore, must dominate and prevail for the prevention of loss of lives and the prevention of illness among the people of this nation so far as possible, on the principle that the Mongolian race pay their doctors to prevent disease and not for the services physicians render when they become ill.

If we have not the proper influence with Congress and others of the national government, by appealing to their conscience and otherwise, then let us exact a pledge from every candidate for congressional honors before election day, yes, during a campaign and from candidates "higher up," that they will favor the creation of this department, and with the appointment of a member of the medical profession in the cabinet; and, after their election to office, require them to keep their pledge, or, in lieu thereof, we should elect more physicians to each of our national legislative bodies than has ever been done heretofore, even though you may have an antipathy to delve so deeply in political affairs.

Probably the obstrusive pestiferous domestic house fly, and the viciously aggressive mosquito have been the cause of more victims of disease and death by their transmission of germs of tuberculosis, yellow fever, typhoid, diphtheria and scarlet fever, cholera, anthrax, etc., than all the campaigns and battles of all the wars throughout the world combined from the remotest period to the present time.

One reason for this belief is, that from time immemorial, these winged insects are perpetually at work devouring vegetable and animal organic matter in a state of decomposition, which, in turn, infect our blood or those they bite or sting. Therefore, eternal vigilance on the part of our government is the price of safety and health, and the total extermination of these insects should be nearly as possible advised,

fleas, pediculi, ants, rats and roaches included.

This information disseminated from a central head of our general government would prove of inestimable value to exterminate and asphyxiate disease.

Tuberculosis, which can be stamped out within the next half century, the same as smallpox and yellow fever have practically been made to vanish ,will be of the past, as the parasite or pre-existing tubercular state will be discovered.

And thus 160,000 or upward of lives will yearly be saved from death, at the present rate of decimation, that now perish annually from consumption alone.

While the crusade or war on tuberculosis is of vast importance that is being carried on throughout most of the States of the Union, and by muncipalities, this is largely the result of education that has been waged by physicians and by various societies, plus the valuable aid and kindly efforts accomplished by the newspapers assisting in this life-saving work, hence, as above stated, approximately in less than half a century disappearance of the great "white plague" may confidently be anticipated. If it is within the purview of Congress, a general law should be enacted for the electrification of railroad locomotives, steamships and various industries which use bituminous coal, particularly when in the corporate limits of large municipalities. This would also materially lessen tuberculosis, and otherwise prove effectual in correcting the physical hazard of public health by abolition of the smoke nuisance. As this writer views the subject, the project of the subject, the project of this department is not a chimerical one, hence, it should be made mandatory.

The most thorough and painstaking research regarding carcinoma would be carried on at the national laboratory, which we predict within the near future. New cases of this dreadful malady will also be unknown.

Great strides have already been made in the cancerous degeneration of the skin and peritoneum, by vaccination or inoculation, as illustrated at the recent International Medical Congress held at Budapest. These advances in science toward the prolonging of the period of human life are not made by men of that learned profession, the law, nor by gentlemen versed in political affairs.

Take the problem of pellagra, and the various types of this malady, which at present is eliciting the attention of various local authorities on account of its presence in some of our eleemosynary institutions. If there had been a federal department of health, to study the theory and causes of this malady, aside from that of maize or cornmeal, perhaps this disease would not prevail as it does today in various States of the Union, or, if so, in rare isolated instances.

My personal belief is that this disease is more prevalent throughout the country, unrecognized or undiagnosed, than it is supposed to be, and, if so, this statement is within the bounds of truth.

The writer believes this disease to be of germ origin, and that research along this line in future will establish this fact, although rancid corn may be a contributing cause toward producing it, as well as other exoteric reasons, idiosyncracies, etc., or individuality included.

Biologic research will disclose also that which I believe will result within a comparatively few years, the "great dark plague" (syphilis) will disappear, as will also leprosy.

The study of insanity and cognate disorders,including the prevention of marriage between physical and mental defects, and between the degenerate or undesirable classes, will not be permitted under penalty of the law, as this class would necessarily be obliged to undergo a rigid physical examination by a well-qualified physician before the connubial state could be agreed to.

Is it wisdom on our part to listen to the threadbare statement or proposition, that there is no need of further representation in the cabinet?

This generality, or statement, counts for nothing. It is not argumentative. Shall we fold our arms and calmly shut our eyes to this statement, that at best a bureau of health is all we should expect at present, and that by and by this will be enlarged to the dignity of a department? To this I would reply: Are not our views—as those of the financier, the ecclesiastic, and those of the law—entitle to equal respectful consideration as are their views?

If you believe with me in reference to the foregoing suggestions, then there are numerous equally valid and sound executive reasons why the President's official family should be increased.

Without entering too largely into details in this direction in this part of my paper, I will simply add that heretofore when a new department of the federal government was created, and a cabinet official appointed, great progress and advancement in the improvement of conditions followed.

Hence, I say our government is wrong to ignore legislative action looking to the cre-

ation of this most important department, and those in authority whose attitude opposes it must, so it seems to me, do so for a selfish purpose, instead of for the welfare of the people of this fair land.

By way of parenthesis, I might add, in hurrying along, if there is anything in the Metchnikoff theory that is conducive to prolong life, imbue this into the minds of your Congressmen.

In these statements, the writer disclaims that his views can or should be construed as those of a faddist—the spectacular exploitation, or caustic criticism, of the present management of the several departments that constitute our national government affairs—but on the plausible practical theory that there is always room for reform, and mistakes can and should be corrected; and whatever assistance is rendered by you, you can readily share the honor with others in helping to bring about this much-desired reform in public affairs.

Let us have more light and more sunshine from our national legislators at the city of Washington. Tell your congressmen, mayor or governor, or whoever has the appointing power, that we do not want local health officials in a community who are ignorant laymen, who can scarcely write their names, or those engaged in other pursuits, as real estate, buffet and notary public combined.

For, ofttimes, little does he know smallpox from scarlet fever or measles, or is he able to distinguish diphtheria from an ordinary sore throat, or whether the drinking water of a community or the river is polluted with typhoid fever germs, or the milch cows tubercular. Better have physicians appointed instead, and thereby avert an epidemic of one or more of these diseases.

I was somewhat disappointed last June, upon our return from the Atlantic City session of the American Medical Association, when, with that prince of good fellows, Dr. C. A. L.Reed, at his invitation eighteen of us accompanied him to call upon President Taft regarding the resolution which had been adopted by the Association relative to the use of benzoate of soda as a preservative for certain food products. During our visit the discussion naturally led to the probelm of a department of health

When the President, in his versatile and pleasing manner, stated to the committee that he thought we should be less pretentious and not ask for a department of health, but ask for a bureau of health, instead, to which a member replied: "Yes, Mr. Presdent, but a bureau of health does not carry with it a cabinet positon." Incidentally I may state, in passing, I hope a similar resolution will be adopted by this Association condemning the use of benzoate of soda as a food preservative.

The point is, I doubt not but that nearly every member of the committee entertained no other thought, previously to calling upon the President, but that he would say he would favor the creation of this department (and not a bureau), in his message to Congress—which will be the sixty-first, I believe—when that body of national legislators convenes next winter.

While it is not my province in this essay to enter into the technique of this proposed department in every detail, yet I am very much in earnest when I say we must have said department, with a medical scientist endowed with good executive ability in charge of this new portfolio. For twenty-five years my efforts in a humble capacity have been lent in this direction.

Potentially or generally speaking,I will state that this departmnt should be a separate and independent department, and not a bureau, or a subdivision of any other department. It should, in addition to circulating literature, have entire supervision over the manufacture of all serums, antitoxins, a vaccination bureau, etc., instead of these being manufactured by various pharmaceutical houses throughout the country, even though they assist us by devising numerous formulae for the alleviation and cure of disease, and ask us to prescribe them.

It is a human life problem, for the preservation and elevation of the human race. It is our right by inheritance, as pointed out by that matchless and remarkable illustration of able statesmen who framed the preamble and wrote the Constitution of the United States, which contains, among other noble declarations, that Congress shall legislate for the welfare of the people; and as we live under its protecting influence, and adore every sentence therein contained, well may we ask, Has Congress any right to longer ignore that which we believe is for the welfare and the happiness of the people and mankind generally?

There would be enacted an adequate standard law or laws, whereby, as nearly as possible,every state and territory would heartily co-operate with this national health department problem, to a most satisfactory degree, the same as each State in succession adopted the Constitution that now comprises the union of all the States.

This can be done not only for the welfare of the nation's health, but inter-State sanitation. Their officials and those of mu-

nicipalities will loyally and willingly conform thereto, which, under the present incongruity of existing laws, does not obtain. In other words, where food, our rivers and lakes or disease becomes inter-State in character, either due to transmission or distribution in whatever manner it may, then the proposition should be under federal surveillance, and in these instances said control should be a federal department of health.

Various sanatoria for the indigent worthy poor should be erected and maintained to accommodate this class of God's afflicted people, for those afflicted with leprosy, tuberculosis or other maladies. In this direction also, enough land in every State of the Union should be reserved for national park purposes, on the principle that we should see and live a little closer to Dame Nature.

The masses that comprise this great republic, even in the rural districts, would gladly welcome and recognize as authoritative reading the millions of pamphlets and other literature which would necessarily be distributed by this department, and by this educational and moral force they would lessen their ills, as well as from an economic point of view be enabled to better conserve their personal health, and thereby extend their period of longevity.

Our great rivers and fresh water lakes should be under control of this department, to render their pollution less liable. More commodious homes should be erected for the masses, and better sanitary environments should prevail, including the best ventilated system for manufactories and work shops.

The public school system would receive more uniform attention, and a better system of ventilation in their buildings devised. The colored race and American Indians races should be better provided for. The various national soldiers' homes, where there is needed reform in the matter of furnishing better and more wholesome food and medicines for the inmates thereof, should be transferred from the War Department to that of the Department of Health, whereas, the former, along with its multitudinous other duties, would still retain supervison over the eighty-four beautiful national cemeteries throughout the country.

Also the medical and surgical bureaus of the War and Navy Departments, as well as the U. S. M. H. S., now attached to the Treasury Department, should properly be transferred to this department.

The Bureau of Vital Statistics should also be transferred from the Department of the Interior to this department.

The business of the many boards of United States pension examining surgeons, also under the Department of the Interior, should, I think, very properly be transferred to this department.

And, as the writer stated in a thesis read elswehere some months ago, I see no incongruity in placing at least the medical and chemical bureaus of the Department of Agriculture directly in charge of a medical scientist; hence, that bureau should be transferred.

Our ambition might lead us also into the investigation and study of the cause, which is undoubtedly of germ origin, of the "sleeping sickness" of Uganda, and determine the treatment thereof; otherwise, the bacteriologists of Berlin, Vienna, Paris or London will be the first discoverers. Besides these, various other epidemiology will be studied.

The bromatological inspection of foodstuffs generally would also belong to this department. In addition to the foregoing, this department should have national supervision of the dairies and abattoirs throughout the country, emergencies in minute detail excepted.

Without aggrandizing to myself or entertaining the thought that very many new ideas on this proposition are herewith presented, my motives in emphasizing the foregoing views for your discussion, I trust, is in a truly altruistic sense, namely, my regard and devotion to a cause which I believe shall redound to the welfare and happiness of the American people by lessening the ills of suffering humanity for generations to come. What nobler purpose can be said or accomplished by any of the other departments?

And while I realize the thoroughness of this problem is not complete—due partly to the limitations of time in presenting the subject—others more ably qualified will take up the problem and discuss it in a more exhaustive manner than this writer has done. If we all agree, let us be proselyters, and convert our representatives in both branches of the legislative halls at Washington, and mould their opinion to ours.

It seems to me that it is a question also of national pride, or should be such.

In conclusion, ladies and gentlemen, permit me to add, in the name of the babies born and yet unborn, and of all humanity, to increase their general welfare and happiness by lengthening the period of longevity. For this economic reason alone, if for no other reason, let us have a federa

department of health and a doctor in the cabinet, and stand for that splendid old motto of the State in which this hospitable and historic city is noteda nd situated on the bank of the "Father of Waters," by heartily commending the motto of Missouri, "Salus Populi Suprema Est Lex," that is to say, "The welfare of the people is the supreme law," as our forefathers provided it should be, for the welfare of all peoples of every silvery star that constitutes the galaxy of States of this superb republic, and of that glorious banner that is known throughout the civilized world.

THE NEED FOR EDUCATION ON THE QUESTIONS OF SEX AND VENEREAL DISEASES AND THE PROBLEMS INVOVLED.*

MALONE DUGGAN, M. D.

SAN ANTONIO, TEXAS.

Sporadically, the medical profession becoming awakened to the great need for education and correction in the difficult sociological problems of sex and the alarming prevalence of venereal diseases, discusses these questions in their assembled associations and through their exclusive medical journals. The result has been, as we all have seen, like administering balm to a sensitive conscience that has just performed a duty long neglected. These discussions never penetrate the four walls of the assembly hall, and the enthusiasm these occasions arouse dies with the adjournment of the session. But is this right? It is to remedy in some way, if possible, the procedure that has heretofore prevailed in the treatment of these subjects that this paper is intended. We will not attempt to discuss the merit of the questions raised but will endeavor to suggest a plan whereby the profession may better discharge its professional and ethical obligation to the public that is appealing to it for enlightenment.

Heretofore the one great obstacle in the way of progress has been the failures of the profession to recognize its limitations as well as its opportunities in this propaganda of education. Many a well-meaning physician or educator seeing how infinitesimal has been his influence in shaping public thought has given up the fight as being too prodigious or unavailing. He failed to recognize certain basic principles that are evolved in the development of every society. These are the fixed ideas and customs that become regarded as being unassailable and irrevocable. By some educators of prominence they are called the mores of society and must be reckoned with in any pedagogic movement.

The custom that decrees that men shall sue for the hand of his bride; the profound regard that respects the sacredness of the home; the chivalry and protection that is accorded to woman; the objection to having anything pertaining to sex discussed in public or imparted to children before they are grown are examples of mores as they have developed in society and in a great measure determines its future progress. And there could be no serious objection to this plan were it not for certain influences that have warped some of these mores into vicious directions not intended by nature. Thus for example the erroneous and pernicious prejudice of society to regard the subject of sex as being something repugnant and vulgar. For nothing is further from the intention of nature to regard this question in that light. The sexual instinct like the other instincts of the body are natural, and the sex ideations and sensations that come to every normal man are pure, being only vulgar and immoral when they are debased. The great question of immorality must not be confounded with sex biology.

Now, as an illustration of what we have been doing in the past, we have only to cite the custom of teaching moral living as a prophylaxis to venereal diseases, overlooking the biologic principle that the sexual instincts natural and necessary; that it is man's inherent right to exercise its function so long as his acts are in conformity with the customs of society. What we need to do is to instruct the public in the nature and extent of venereal diseases and the methods to be used to prevent them. It is an ethical duty devolving upon physicians more than any other class of men to protect the innocent from the disgrace and suffering imposed upon them, and society from anignominious and premature decay.

That venereal diseases are preventable has been demonstrated beyond any question, and it should not be a very difficult task to make the public see the importance of this. It has been but a few years since you taught the community that malarial and yellow fevers were conveyed by a certain species of mosquito, and forthwith the public rose up, in arms as it were, and waged war against this pest, until, now, it is not unreasonable to expect these diseases to become completely eradicated. It was but yester-

*Read before the Medical Association of the Southwest at San Antonio, Texas, November 10, 1909.

day that you confided to the public the important information that the common house fly was reasonably responsible for the spread of typhoid fever and other infections, and behold the prompt measures which are being taken to exterminate him. Who, in this broad land of ours does not understand the infectious nature of tuberculosis and the proper means to avoid it? Then, why not by the same campaign of education teach moral and sanitary prophylaxis?

This bring us to the stumbling block. We are confronted with the societal mores, that prejudice, which prohibits public instruction on the question of sex. But are we going to continue to bow to the dictates of this decree? This much is certain, just as long as this barrier is not broken down the venereal peril will continue to stalk unfettered through our land, sacrificing millions of lives and burdening the world with sorrow and woe. Let us read the pronouncement, and then each man answer for himself. Tuberculosis, the great white plague; infectious diseases and the liquor traffic kills their thousands. And the venereal peril, the great black plague, kills its tens of thousands! What of sixteen millions of people in the United States alone, computed to be suffering with some form of venereal disease! Can one look with equanimity on the shame and suffering brought on the innocent wife, who so confidingly placed her trust in the man she loved? Who, too often is robbed of the joys of maternity and consigned to a life of semi-invalidism! What of three-fourths of the manhood of this country being affected with some form of venereal disease, and three out of every ten holy marriages debased with this peril? Is their no repeal from the awful estimate that over half of the cases of blindness from birth; that 75 per cent of celiotomies done for pelvic troubles on the female; that the more intractable nervous diseases and often insanity are due to these diseases? Then add to this, the loss of moral character of our young manhood and young womanhood because of the evil influence they bear, and the stigmata of degeneracy resulting from inheritance! And all of this, the result of uncontrolled and unenlightened knowledge of the sex functions and the contagious nature of these diseases.

It is pleasing to know that decided steps are being taken to remedy this condition, both in this country and in Europe. We should give every encouragement to the American Society of Sanitary and Moral Prophylaxis, as through combined and systematic effort the most good can be accomplished. The State Medical Association of Texas, through an authorized committee, last year distributed to over 240 societies of women throughout the State, a pamphlet describing the nature of venereal diseases and the ethics of sex. The success attendant upon this movement is encouragement for further endeavor, and with this in view, I wish to take this opportunity to offer the following resolutions:

RESOLUTIONS.

Whereas, The great prevalence of venereal diseases together with the untold suffering and degradation caused by them is due to ignorance on the part of the public regarding their contagious nature and of the means for prevention; and

Whereas, The only practical way to correct this blot on our civilization is by education in moral and sanitary prophylaxis, and by proper instruction of the public in the ethics of sex.

Be it resolved, That this section through its officers request the governing body of this association to appoint a commission of three progressive physicians to be known as the Committee on Moral and Sanitary Prophylaxis, and whose duty it shall be to prepare a report on the best means of educating the public on these subjects, and a circular of information suitable for this purpose, the same to be reported at the next meeting of this association.

Gibbs Building.

PAIN.

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CHICAGO.

Professor of Therapeutics and Dean, Bennett Medical College.

The complaint that most frequently brings the patient to our office is pain. Other protests of the body against unhygienic conditions may be disregarded, but this imperative demand must be met, and that at once.

An old physician of my acquaintance was accustomed to skip all further efforts at diagnosis, and rest the case on the fact of pain. He exclaimed: "Pain? Why, damn it, man, pain means morphine;" and the hypodermic syringe was in his hands before he had heard another word. That this deadly little instrument was effective in a sufficient proportion of cases as they come to give some support for his position does not excuse the perilous and unscientific character of his work. Modern medicine demands something more than smothering the protests of outraged nature.

Pain is often the starting point in that analytic diagnosis by which we seek to trace the malady to its true cause and location. The first point to be established is the loca-

tion of the pain. Not all patients mean the same thing when they speak of the stomach or some other organ. Get them to place the hand on the painful point and the location is fixed more accurately. The point of pain is not always that of the disease, but the exceptions are few and usually well-known and of diagnostic significance. Every student learns to know the knee pain of hip disease and the right shoulder pain of hepatic affections. Gall-stones may induce pains referred to the left suprarenal region, and appendicitis may give rise to pains almost anywhere in the abdomen. The painful points of Valleix have been landmarks in neuralgia for a generation.

Symmetric pains tell a story different from that of a unilateral one. Recurrence during the night or at any special hour is significant. Gastralgia follows a meal quickly, the acute pangs of gastric ulcer occur during acid digestion, those of duodenal ulcer later, those of gastric cancer some hours after eating. Monthly attacks depend on menstrual derangements.

The intensity of pains can be judged to some extent by the concomitants. Men exaggerate the expressions of pain, such as groans and cries; while women grow eloquent in their descriptions of their sufferings. Both are anxious that the doctor shall not undervalue the matter, and thus fail to give due weight to their cases. Few realize that such exaggeration embarrasses the physician and hinders his efforts to give relief.

The quality of the pain has more significance. Boring or pounding pain is apt to be associated with circulatory troubles, such as aneurism. Colics and pains dependent in general on contraction of hollow viscera have a rhythmic character. The pain of strangulation is intense, unremitting, unbearable. Steady pain depends on continuously acting causes, intermitting pain on correspondingly intermitting influences. The continuous pain of inflammation is influenced by position, and pressure increases it, while that of colic is relieved by pressure. Neuralgias show tenderness to slight contact, but not to firm pressure over the affected skin.

Accompanying disorders of function afford valuable indications. The pains that are forgotten when the mind is diverted are characteristic. Partaking of food influences pains arising from the various parts of the digestive system and any organ capable of being compressed by distention of the stomach or bowels. Angina pectoris may be aroused and a paroxysm precipitated by gaseous distention or by the strain of defecation. The influence of drugs sometimes gives valuable evidence, as when pain is relieved by antisyphilitic remedies, cathartics, relaxants of vascular tension, alkalies, or by placeboes. The pain of gastric ulcer or open cancer subsides about fifteen minutes after a full dose of cocaine. Pain that resists morphine pushed to full narcotism is apt to prove due to strangulation, shutting off the blood supply to some part. Hepatic or renal colic recurring with unabated intensity after full atropine effect, aided by chloroform, indicates a mechanical condition, such as impaction and ulceration, demanding surgical intervention. The administration of a dose of hydrochloric acid will show if a gastric pain is due to an open ulcer.

Disease of the lung may cause pain in the shoulder, with tenderness along the upper border of the trapezius. Shoulder pain, on one or both sides, attends disease of the thoracic aorta, increased by exertion, relieved by cold; or is caused by disease pressing the diaphragm up; and in all these there may be tenderness in the brachial plexus.

Pains under the sternum may be due to circulatory affections, mediastinal disease, maladies of the stomach, esophagus or liver. Scapular pain may be due to disease of the spine, muscles, nerves, aorta, pleura, or the organs below the diaphragm. Stenosis of the pylorus induces severe pangs radiating into one or both scapulae, when the stomach is distended, while such pains also occur when the acid flow commences in gastric ulcer. The latter is a disease of three pains and one other symptom—a steady dull pain in the stomach, an acute exacerbation, and the radiating scapular pain, with vomiting of blood.

Many affections show pain in the epigastrium, which may be recognized by attention to the location of tenderness, colic, the influence of food, motion, position, drugs, etc. This applies also to abdominal pains. Pain over the coccyx or sacrum points to the rectum, that in the lumbar region to myalgia, renal or uterine complaints; while the liver, stomach or intestines may arouse pains above the lower ribs.

Gall-stones are found in very many cases where their existence was unsuspected, and hence typic paroxysms are rare. But the discovery of a trace of bile in the urine is significant of biliary obstruction, usually ascribable to cholangeitis, and we are safe in setting down to this cause most of the

vague or anomalous pains in the abdomen or back not readily traceable to other causes. The pains attending aortic pulsation have deceived many into diagnosing an aortic aneurism. Obscure pains about the stomach have proved due to an ancient syphilis. Appendicitis, disease of the uterus or ovaries, and other local maladies are to be differentiated.

Intestinal obstructions may arise suddenly, after straining or the action of intestinal stimulants, with colicky pains of peculiarly unbearable character, rhythmic, of greatest intensity at the point where tenderness indicates the local lesion.

The discussion might be prolonged indefinitely, but enough has been said to indicate the importance of studying pain as the starting point of our diagnosis. The prompt and effective treatment of pain forms one of the most valuable resources of the practician in the way of establishing himself in the confidence and affections of his clientele, and hence merits his earnest study.

A new tent is about to be introduced into the German Army, the novel feature of which is that it is divisible into two portions, each half being arranged so as to be used as an overcoat by the soldiers in case of rain while marching.

Paul Collins, six years old, son of Mr. and Mrs. Wesley Collins, Delaware, O., on November 10, developed hydrophobia as the result of being bitten three weeks ago by a Scotch collie. He was at once rushed to Chicago, but the child died of hydrophobia just before the train reached Indianapolis.

$2,237,000 for City Hospitals.—The New York Board of Estimate on December 3d made an appropriation of $2,237,000 for the Department of Charities. This money is to be used in improving hospital facilities on Randall's and Blackwell's Islands, and for improvements in connection with the Kings County and the Cumberland Street Hospitals.

Franziska Speyer, widow of the banker George Speyer, who died in Frankfort-on-the-Main a few days ago, left nearly $2,500,000 to charities. The George and Franziska Speyer Foundation at the Frankfort Academy for social and commercial science receives $250,000, and the same amount goes to the George Speyer House for investigating remedies for epidemics. Large sums are bequeathed for the study of lupus and cancer.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

The Season's Greeting.

This number of the Fortnightly closes another year of its eixstence and we find ourselves with Christmas, New Year's and a birthday all in these few days ahead. Birthdays have grown sufficiently numerous for us to let them pass with little attention. But Christmas and New Years are fortunately given over to felicitation, which is good for all of us. We do too little telling our brother that we wish him well these busy times. We wish you all a Merry Christmas and a Happy New Year. We could devote some time to telling what we mean by "Merry," but will confine ourselves to the New Year wish. Each year ought to be a good one. That means health, reasonable comfort, plenty of activity, work with reasonable recompense, the love of family and the affection of friends, and people-who-need to help. 1910 will be a good year if you have these things and you will be able to get along with a little less of the others if you develop the last as much as in you lies. Being a kindly man does not mean letting yourself be walked-on, nor imposed on, but the man who is doing fairly well, who has not some semi-dependents outside his own family ought to be a dyspeptic and he probably will be. We wish for you a 1910 which shall be a "good year."

Precision in Diagnosis.

The ability to make an accurate diagnosis is unquestionably the most important characteristic a physician can develop. To do this he must be able not alone to utilize the time-honored methods of the country practitioner who sees, feels and smells disease, but he mus bring to the aid of his senses the variou

modern instruments and methods which have made possible the clearing up of points which would, without such aid, remain in darkness. More important than the treatment is the definite arriving at the exact character and location of the ailment before treatment is undertaken. How a physician in this day and generation can feel that he is doing justice to his patients *and to himself* who does not constantly use his microscope and use it intelligently is past finding out, yet there are many physicians, and they are by no means all in the remote regions, who have never seen fit to possess themselves of that invaluable instrument and others who use it only as an office ornament. What is true of the microscope is also true of various other instruments of the class, and equally true and less excusable of diagnostic methods which occasion no outlay for instrumental assistance requiring only the exercise of such skill as every physician should have developed at the time of graduation or be able to develop on the basis of the theoretical knowledge which his schooling has given him. There are few specialists who have not testimony to offer of the partial abandonment of scientific diagnostic methods on the part of physicians bringing them patients. The overlooking of little things, the utter absence of system, the jumping at conclusions, the waiting for the treatment to verify the diagnosis, all in their results argue for more rigid adherence to the teachings of the days in college for never did a class graduate without having all those things emphasized, reiterated, urged upon them.

In a recent paper* Dr. Bransford Lewis urges the supreme importance of system and thoroughness in attempting to arrive at a diagnosis in any disorder of the urinary tract. What he says for urinary diagnosis is equally true for any branch of our work. The reader who makes no pretense of being a specialist in surgery or urology would immediately gain the impression from the article that it was not prepared for other than specialists in these lines, the equipment and assistance necessary to the strict carrying out of the plan advanced would be that of a specialist on the branch. but much of the equipment every physician should have, as he should an equally definite and well laid out system of procedure in collecting evidence, in selecting and excluding evidence, and in verifying conclusions.

Dr. Lewis' article is a strong one when judged from the urologist's standpoint, but it argues strongly to every physician for accuracy, thoroughness and system in his work, and there are none of us who do not need to be reminded from time to time of our faults of omission along these lines.

The cystoscope, the ureteral catheter and segregator may belong to the occasional man who will appreciate them and learn to use them skillfully, he places them at the command of every man of his community, but the microscope and the centrifuge belong in every office and they should be used.

* Pitfalls in Urinary Diagnosis, Surgery, Gynecology and Obstetrics, November, 1909.

Compulsory Therapy.

Two great discoveries in medicine, each about equal in importance to the other, have survived most bitter antagonism and by their very effectiveness have established themselves so thoroughly that it takes something of a search to find physicians who question their usefulness. But among the laity there seems to be an inbred fear of the therapeutic use of animal serums, many men are so filled with this fear that no argument and no array of convincing statistics will convince them that they are not filling an almost inspired mission in opposing it in every way possible. There are a few within the profession who through one accident or another are lined with the opposition, it may have been a vaccination which did not protect, or one which became infected with serious consqeuences, or it may have been the loss of a child from diphtheria in spite of antitoxin or because of impurities; these accidents are deplorable, but to the thinking man they are far outweighed by the tremendous benefit which can readily be demonstrated a direct consequence of their employment. It is unfortunate, in the face of all the evidence, that there should be physicians arrayed against the employment of these agents; such men have a responsibility for the attitude of their lay colleagues which should weigh heavily on them.

The profession has been wise in its general attitude toward this opposition; absolute compulsion of vaccination is unknown except in larger communities where it is a prerequisite to school attendance; however much we may believe that such compulsion would be beneficial to the general weal we would hesitate to advocate it until the public is better educated to the idea. Compulsion increases antagonism. It is for this reason only that we regret the autocratic rule which is reported in the lay press as having been inaugurated in Philadelphia; ac-

cording to this authority there have been established in all the police stations of the city antitoxin stations, where antitoxin may be had free. The physicians are, properly, required to report all cases of diphtheria as soon as a report comes in if the physician has not used the antitoxin and will not use it one goes from the department and administers it. Antitoxin is obligatory. We believe that this method of high-handed interference on the part of the health authorities of any city can have but one result, it will antagonize those physicians whose patients are interfered with and the lay opponents of this method of treatment. It will delay the day when the public will itself demand this treatment. It is to be hoped that no accidents of a serious character may result from the treatment under the rule, even a little accident will, under the circumstances, be exaggerated to tremendous proportions, and that to the equally tremendous disadvantage of a good cause.

Whether the health authorities should inaugurate a system of interference with a regularly licensed physician's therapy, he having complied with all laws pertaining to reporting, quarantine, etc., and having a definite plan of action laid out, is another serious question. It is but a step from that to the establishment to a wider, bolder regieme with all work in the hands of city officials and the independent physicians looking for other employment.

We are heartily and forever advocates of both vaccine and the antitoxin; our doubt is only as to the expediency of the procedure reported.

Irregular Methods in Exploiting Dr. Jonnesco.

Dr. Jonnesco, of stovaine-strychnine compound fame, has come to America from far-off Roumania to teach us to visit with our patients while we do major operations on them. The lay press is filled with reports of his wonderful successes with this method of spinal anesthesia and with photographs of unquestionable authenticity of the holy-of-holies of operating rooms and the surgical lights of the country, grope-around accidentally (for not a one of them knew the camera and reporter were there) so as not to obstruct the view and yet not be out of range, learning the technique. It is to be hoped that Dr. Jonnesco does not contemplate remaining in this country; the training he is getting is such as would surely promise him a tremendous ethical jolt about the time the fur gets worn off his English. One criticism of our ethics has been made, that it is a matter for the better to control the lesser lights. These days of the education of Dr. Jonnesco in American medical ways seem to emphasize the justice of the criticism.

The amount of whalebone taken annually does not now much exceed 25,000 pounds. The largest part of this is taken by the whalers sailing out of ports on the Pacific coast. A few years ago the amount taken was as much as 500,000 pounds annually.

Early Rearrested.—John R. Early, the man who was detained for many months in Washington last winter as a leper suspect but was declared to be quite healthy at the New York Skin and Cancer Hospital, returned to Washington on December 2 and was promptly rearrested by the Board of Health. The Pension office has cut off his pension on the ground that he is not a leper; the health officer of Washington has caused his arrest on the ground that he is a leper.

The Surgeon General of the Army announces the first of the preliminary examinations for the appointment of First Lieutenants in the Army Medical Corps for the year 1910 will be held on January 17, 1910, at points to be hereafter designated. The examination in subjects of general education (mathematics, geography, history, general literatrue and Latin) may be omitted in the case of applicants holding diplomas from reputable literary or scientific-colleges, normal schools or high schools, or graduates of medical schools which require an entrance examination satisfactory to the faculty of the Army Medical School.

Endowment of a Graduate School of Nursing.—A sum of money, said to be very large, has been presented to the Teachers' College of Columbia University by Mrs. Helen Hartley Jenkins for the endowment of a department for the post-graduate instruction of trained nurses to qualify them for the carrying out of the sociological side of their profession. The chief purpose is to provide especially trained nurses to do house-to-house and settlement nursing among the poor, and give instruction in the theory and practice of hygienic living. The department is to be in the charge of Miss Adelaide Nutting, Professor of Hospital Economics in the Teachers' College.

SURGERY.

C. W. HEPBURN, M. D.

Local Anesthesia in Hernia with a Report of Ten Cases. —In Iowa Medical Journal for July 15, 1909, Dr. A. C. Stokes reports a series of 10 cases of hernia done with local anesthesia. In all but one the operation was completed without suffering to the patient. Ether was resorted to in that case because, whenever an attempt was made to reduce the hernia, the patient contracted his abdominal muscles and prevented its return into the abdomen. In producing the anesthesia, Schleich's solutions, cocain and water, or the adrenin solution of Braun were used. The last solution the author regards as the best, but recommends that a larger percentage of novocaine be used, i.e., up to about 2 per cent. Its anesthesia is more perfect and lasting. The technic is given and illustrated by 4 large cuts. The advantages of local anesthesia in hernia may be summarized as follows: 1. It removes any possibility of anything like danger in the anesthetic. 2. It removes all post anesthetic symptoms. 3. It converts the operation for hernia from a major to a minor operation. 4. It requires a more accurate dissection. 5. In strangulated hernia where there is much shock. 6. It demands a more careful handling of tissue. The disadvantages: 1. It requires more time. 2. It is limited in its application. (a) To adults. (b) To those cases in which there is not a great amount of omentum in the sac and where it is not adherent to the sac. (c) In certain early cases of strangulated hernia it is impracticable. (d) It is not practical in post-operative hernias where a great amount of dissection is necessary. (e) In certain nervous women.

Pleurisy and Pneumonia Secondary to Inflammation of Intra-abdominal Organs.—In International Journal of Surgery for September, 1909, Dr. G. Paul La Roque, who has made an exhaustive study of this subject, states that pleuritic effusions and pneumonia are very much more frequently secondary to inflammation within the abdomen than is commonly believed, that "ether pneumonia" does not exist, and that the term "anesthetic pneumonia" should be discarded. He proves these assertions by quoting numerous figures based on autopsy findings, recorded clinical cases, and experimental research. The question of the etiology of post-operative pneumonia, especially that variety previously attributed to anesthetics, has been pretty definitely settled wthin the last few years. The infection of the pleura and lung following intra-abdominal inflammation is conveyed through the diaphragm, omentum and mesentery by way of the lymphatics. That the right side is more frequently involved than the left is explained by the anatomic fact that the transdiaphragmatc perforating lymph channels are limited to the right side in 75 per cent of the cases; also on account of the relative prevalence of peritonitis originating on the right side; and finally from the relation of the capillary space just above the liver, at which point suction occurs. When the infection is of puerperal origin, the process is primarily subpertioneal. Surgeons should bear these facts in mind and carefully examine their patients for pleural and pulmonary complications during the course of intra-abdominal infections and after operations. The frequency of abdominal infections as a cause of pleural effusion and pneumonia calls for a painstaking examination of the intra-abdominal organs in each case in which the signs of intrathoracic inflammation exist. If during the course of an intra-abdominal affection, pneumonia or pleurisy should be discovered, they constitute no contraindication to operation, but, on the other hand, urgently call for drainage of the primary focus of suppuration.

The Surgical Aspect of Epilepsy.—In a paper on this subject in International Journal of Surgery for September, 1909, Dr. Miles F. Porter questions the statement of Brower, that surgery "which offers to relieve primary idiopathic epilepsy must always be a failure," but says, in effect that if it were true, there is still left a sufficient warrant for surgical intervention in the great hope of relief or temporary cure which such treatment offers. While we may not hope to remove the predisposing cause, we may cure or benefit such cases by measures that will remove or render ineffective the exciting cause or causes, which are quite as necessary in the development of the disease as is the primary cause. It is not unreasonable to suppose that the potentiality for epilepsy exists in many persons who are never attacked. The etiological factors in epilepsy may be likened to a chain, the breaking of any link in which will benefit or cure the patient. There is warrant, therefore, for operating on epileptics for the relief of troubles such as preputial adhesions, etc., which conditions would in otherwise healthy individuals be considered

too trivial to require notice. In some cases of idiopathic epilepsy the convulsions are preceded by cerberal hypeermia; in others they are preceded by anemia, and in still others by increased intra-cerebral tension; hence it is that ligation of the vertebral or carotid arteries, Jonnesco's operation and Kocher's operation respectively, find a legitimate field in the treatment of epilepsy. Cortical, Jacksonian and traumatic epilepsy are so clearly within the province of surgery that the fact would not call for mention were it not to emphasize the necessity of early operation in these cases to prevent the establishment of the epileptic habit. The frequency with which injuries to the skull are followed more or less remotely by epileptic attacks is one of the strongest arguments in favor of surgical intervention in all csaes of cranial fracture, and in all cases of injury to the skull accompanied by symptoms of compression even in the absence of fracture. Birth injuries to the skull and contents should be treated as are traumatisms of like kind in later life. The immediate results of surgical treatment in these cases are a sufficient warrant for its more general adoption, and if we add to the immediate results of surgery in these cases the possibilities in the way of prevention of idiocy, epilepsy, etc., which this treatment offers, it would seem well-nigh criminal to deny it to these helpless creatures. The author's conclusion is that intelligent surgery will cure some cases of epilepsy and benefit many, but that its most promising field is prophylaxis, and especially prophylaxis as applied to the prevention and cure of birth injuries.

Cyst of the Round Ligament of the Liver.—Dr. M. S. Henderson reports, in Annals of Surgery for September, 1909, a rare and interesting case of the above. The patient, a man, aged 41, presented himself for examination with a fluctuating tumor, the size of a head, to the right of and a little below the umbilicus. During its growth, for about eight years, it had given him no discomfort. It was not tender, there was no tympany over it, and it did not move with respiration. The movement downward was more limited than the upward and lateral movements, as it could be easily placed in either flank or be pushed up beneath the liver. A positive diagnosis could not be made, but an exploration was advised and accepted. A median incision below the umbilicus was made, and upon opening the peritoneal cavity a straw-colored thin-walled cystic tumor about the size of a child's head presented immediately beneath the abdominal wall. The tumor was anterior to the omentum which was found tucked up behind it. Putting in the hand to explore for the site of the attachment, it was found to be intimately associated with the abdominal wall, just above the umbilicus. The incision was accordingly elongated to two inches above the latter, by which means the cyst could be partially delivered outside the abdomen. Gauze dissection was used in freeing it from its pedicle, causing very little hemorrhage, as there were no vessels of any size running to it. It was then seen that the cyst had its origin in the lower two inches of the round ligament of the liver, where the latter is closely attached to the abdominal wall. The cyst was removed without rupture. The patient's recovery was uneventful

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

An Anatomical Study of Pericarditis.—Brooks and Lippincott (The Am. Jour. of the Med. Scs., Dec., 1909) base their remarks on a study of 150 cases of pericarditis occurring in 1000 protocols. They conclude that pericarditis is a lesion secondary in nature, rarely or never primary. The complication, for such it must be considered, is in most cases not in itself serious except when of suppurative variety, and in all instances it is more noteworthy as indicating the general condition in which it arises than on account of its non importance. It is, therefore, of little relative clinical importance except as a diagnostic index and in suppurative cases. True myocarditis is frequently associated with pericarditis, but myocardial degeneration is commonly found and is due in most instances not to the pericarditis, although generally caused by the same condition as the pericardial inflammation. Death rarely results in pericarditis from this lesion. Independent myocardial degeneration leading to dilation of the heart, especially fatty degeneration of the myocardium is a predisposing or determining factor toward pericarditis. Overaction of the heart may induce pericardial inflammation. Serofibrinous pericarditis is in most instances an evidence of generalized bacteremia. Chronic adhesive pericarditis is a lesion of great frequency often impossible of diagnosis and in itself of very little clinical significance or importance. Serious symptoms arise from

adhesive pericarditis only when the myocardium is itself seriously diseased, either concomitantly or quite independently. The signs usually cited so characteristic of pericardial synechia develop only when mediastinal inflammation or adhesions of marked degree are present in addition to the pericarditis.

Lung Puncture.—Horder (Lancet, Nov. 6, 1909) punctured the lung for diagnostic purpose in some 14 cases. He says it may be done in actual practice under two conditions: (1) if a pleural effusion is suspected and the result of the puncture negatives this; (2) if no fluid is suspected in the pleural sac, but the lung is deliberately punctured for the express purpose of discovering the nature of the disease process within the lung itself. The material obtained is no less valuable in the first than in the second of these two conditions. The indications given by the author for penetrating the lung are as follows: 1. In any case yielding signs of consolidation of the lung in which careful examination of the sputum fails to reveal the nature of the disease. It is perhaps pushing the value of "ocular demonstration" rather far to say that the lung puncture is indicated in a straightforward case of lobar pneumonia, even when there is no sputum for examination. But it should certainly be undertaken in any such case if the desired clinical course is departed from in any way to the prejudice of the patient. The puncture will frequently reveal the existence of a mixed infection (e.g., B. influenza and pneumococcus) when this is not suspected. 2. In abscess it is useful to obtain a specimen of the pus from the actual seat of suppuration, for thereby a knowledge of the causal microbe is gained, often a matter of great difficulty or impossibility when dealing wth sputum. 3. In bronchiectasis the same comments hold. Lung pnucture may possibly be of service in suspected cases of acute pulmonary tuberculosis in which condition sputum is so commonly absent. Lung puncture is performed in exactly the same manner as pleural exploration.

A psoas abscess may point over the anterior spines of the ilium, stimulating osteomyelitis of that bone.—Amer. Jour. of Surg.

Infantile Bronchitis.—Where there is profuse secretion, the Journal de Medicine de Paris recommends the following:

Washed sulphur..... dr. x
Refined honey..... oz. iij
One dessertspoonful twice or thrice daily.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Thirty-Fifth Annual Meeting held at St. Louis, October 12-14, 1909.

(Continued from page 499.)

Surgery of the Gall-Bladder.—Dr. W. D. Haines of Cincinnati, after including a comprehensive survey of the anatomy and pathology of the stomach, duodenum, and pancreas in connection with surgery of the gall-bladder, said, in reference to cholecystectomy. The first essential was to secure the cystic duct and artery in the grasp of a long hemostat placed near the junction of the cystic with the hepatic duct. Another hemostat was placed a short distance before the first, and the cystic duct and vessel were divided. The first hemostat would control hemorrhage, and the second would serve as

a retractor in the succeeding steps of the operation. Incision of the peritoneum for stripping up the gall-bladder should be made in the fold where the peritoneum was reflected from the gall-bladder to the liver, in order to preserve sufficient tissue to cover the raw surface of the liver. If unusual difficulties presented themselves in ligating the cystic artery, the hemostat might be left in place for forty-eight hours. The denuded surface of the liver was now covered by sutures of divided peritoneum, and a rubber tissue covered drain placed in the bottom of the wound. A large vein, sometimes mistaken for the portal, was occasionally found crossing the ducts, which if present, was almost invariably injured in the course of the removal of the gall-bladder. It should be clamped, doubly ligated, cut, and the end retracted, as hemorrhage in the bottom of the wound was difficult to control, caused delay, and added to the shock of the operation. In closing the abdomen the peritoneum and posterior sheath of the rectus were included in the first tier by a buttonhole or interrupted suture. Two or three figures of eight silkworm gut sutures should be placed so as to include the muscle, the fascia, and skin, but were not tied until the anterior fascia was closed by continuous catgut.

The Latent Gallstone.—Dr. Chas. N. Smith of Toledo said that, in the light of our present knowledge of the initial symptoms of gallstone disease and of the slight or characteristic symptoms of latent gallstones, we must believe that in every case they have produced, do now produce, and will continue to produce a certain train of symptoms so distinctive in their nature that a positive diagnosis depended only upon a correct interpretation of them. The three sypmtoms which were mentioned almost invariably when cholelithiasis was in consideration were colic, jaundice, and putty-colored stools. Every one of these symptoms was a late or terminal event, occurring after a more or less prolonged period of occupancy of the gall-bladder by the stone, during which period distinctive and diagnostic symptoms were present, and should be correctly interpreted. One of the most important advances in the surgical treatment of diseases in the upper abdomen accrued from the recognition of the fact that 80 per cent of the cases of chronic pancreatitis were the result of gallstones and the sequentially occurring infections of the biliary tract. Medical and hydropathic treatment, both confessedly powerless in so far as absorption or removal of the concretion was concerned, aimed only at the control of the symptoms through abatement of the infection. Surgery, advancing on the limited possibilities of medicine, by one safe and eminently successful procedure removed simultaneously the causal gallstones and the resultant infection.

(To be continued.)

Subscribe for the Medical Fortnightly.

Death of the Duke Karl Theodor, the Royal Ophthalmologist.—Duke Karl Theodor of Bavaria, the well-known ophthalmologist, succumbed to kidney trouble on November 30, at Bayreuth in Bavaria. He was the head of the ducal line of the Bavarian house, and one of his sisters was the empress of Austria, assassinated a few years ago at Geneva; the other sister, the duchesse d'Alencon, lost her life in the Paris charity bazaar fire. One of his daughters is the wife of the crown prince of Belgium, and the other the wife of the heir to the throne of Bavaria. Duke Karl has published a number of good works on ophthalmologic subjects, and had an extensive practice, but charged no fees. He founded and sustained a free eye hospital for his patients. His seventieth birthday was celebrated August 9.

Excelsior Springs, Missouri, a Health and Pleasure Resort.—Missouri boasts of mineral waters second to none in the world, and since the rebuilding of the Elms hotel at Excelsior Springs, with a complete hydrotherapeutic department in connection, this popular resort has taken its place among the more pretentious watering places in point of hotel and sanitarium accommodations. The new Elms is built on modern lines in the Elizabethan style of architecture, and is particularly home-like in all its appointments. It contains 200 rooms, many with private baths. Mr. Jno. Emmke, the managing director of the company, is a gentleman of wide experience, both in hotel and sanitarium work, having been connected with the Kenosha Sanitarium for some years. It is gratifying to the physicians of this state and surrounding territory to know that proper scientific treatment may now be obtained at Excelsior Springs without subjecting their patients to a long trip far from home and where the remedial value of the waters cannot compare with the waters of Excelsior Springs. Physicians are welcome at the new Elms at all times, and Mr. Emmke will gladly show the appointments of his splendidly equipped institution. "Try Excelsior Springs first!"

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MEDICAL MEMORANDA.

The H. K. Mulford Company Obtains the Grand Prizes and Gold Medal at the Alaska-Yukon-Pacific Exposition.—The director of exhibits of the Alaska-Yukon-Pacific Exposition announces that the jury of awards has awarded the H. K. Mulford Company, of Philadelphia, the grand prize for Antitoxin and Special Syringe Container, the grand prizes on Tuberculins and Serial Dilutions of same, and the gold medal for Biological Products—the highest awards granted.

The H. K. Mulford Company are to be congratulated upon their triumph. The grand prize on Antitoxin and Special Container is a special honor, not only in recognizing the excellence of the Mulford antitoxin, but their constant efforts to improve and perfect the production of antitoxin, especially in increasing the

The Mulford Perfected Syringe

potency of the sera, reducing the bulk of administration, and their perfection of the syringe package. The latest Mulford syringe undoubtedly represents the greatest improvement of this approved style of container.

The jury, in awarding the grand prizes on tuberculins of graduated potency, bacterins (bacterial vaccines) and vaccines, recognized the H. K. Mulford Company as the leading house engaged in the manufacture of these products.

The jury also recognized the importance of bacterins and of tuberculins of graduated potency as therapeutic agents by grouping them with vaccines employed for the prevention of smallpox. Antitoxins, bacterins and vaccines are three epoch-making products, representing the highest scientific advancement for the prevention and treatment of disease.

The method for graduating the dosage of tuberculin by serial dilutions has made tuberculin therapy comparatively safe in the hands of the general practitioner. When it is considered that the initial dose of this potent agent is 1-10,000 of a milligram—a portion almost inconceivably small—and that the increase in doses must be graded so carefully that it requires from six months to a year before the dose of one milligram can be given, the advantage is apparent of having a graded system of dosage so arranged that each dose can be accurately determined by increasing by two drops the dose of the serial dilution.

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The H. K. Mulford Company publish Working Bulletins on Biological Products. Copies will be mailed upon request to the Philadelphia office.

Results in Tuberculosis that Count.—Of all remedies for tuberculosis, creosote was long regarded as the best. But its nauseous taste and persistent odor, added to the irritant, sometimes caustic, action upon the mucous membrane, seriously curtailed its employment and minimized its good effects. Guaiacol was open to the same objections. The introduction of Thiocol Roche insured the full benefits of creosote or guaiacol medication without any of its handicaps. Thiocol is derived from guaiacol, contains 52 per cent of that element, and while possessing the therapeutic advantages of its parent substance, excels it in being absolutely odorless, almost tasteless, non-irritating and soluble in water. If clinical reports are of any value at all, then we must believe that Thiocol stands head and shoulders above all other known remedies for tuberculosis and other diseases of the air passages. It is well worth the trouble for any physician to write the manufacturers—the Hoffmann-La Roche Chemical Works—for a sample of this excellent product.

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Medical Journal Advertising Pays.—Dr. Katherine L. Storm, of Philadelphia, is said to be the most extensive individual medical advertiser in this country. The fact that the doctor uses medical magazines exclusively, and employs no traveling salesmen, places the entire credit for the immense business that she enjoys, in the hands of the medical publications.—Medical Herald.

Of all of the Many Hypnotics at the command of the medical profession there is none that gives as uniform satisfaction under all conditions as bromidia. As has been previously stated, the sleep produced is of a true physiological character. It is dreamless, and the patient awakes refreshed and vigorous. In proper dosage, bromidia is perfectly safe and does not depress the heart. A teaspoonful should be given in water and, if necessary, repeated hourly until four doses have been administered. It is needless to state that, in order that maximum affect may be obtained from the initial dose, the patient should be placed under conditions favorable to the induction of sleep.

A Reliable Remedy.—The manufacturers of Burnham's Soluble Iodine are justly proud of the record it has made in the past eight years and consider that record as incontrovertible proof of the sterling merit of the preparation; that its value is now recognized by many of the highest authorities in the medical profession is but the logical outcome of the provings by them of the statements made by the manufacturers regarding this product. The field for iodine is a wide one and when, having found that Soluble Iodine meets every indication for the iodine therapy, without the disturbing sequelae that follow the use of the iodides and other iodine compounds or solutions, it is welcomed as a valuable addition to mareria medica.

Double Pneumonia.—(By H. S. Emerson, M. D., of Paterson, N. J.) Mrs. E. D., aged 74 years, of New Durham, N. J., was taken ill in February, 1905. A local physician diagnosed the case as one of acute lobar pneumonia (both lungs) with grave complications. The third day found the patient much worse, and her attending physician and a consultant said there was no possible chance for recovery. At this critical moment, I was called in after the other medical men were out of the case. I found the patient unconscious with marked consolidation of both lungs, stertorous breathing, temperature 105 3-5 degrees, pulse 142—feeble and irregular, respiration 35, and every indication of complete prostration. The previous treatment had consisted of an ordinary fever and cough mixture, French brandy at frequent intervals, and the local application of flaxseed to the chest. Little or no nourishment had been taken. I suggested the immediate discontinuance of the flaxseed, which apparently had no effect, but was merely sapping the little vitality which remained. My treatment was as follows: The immediate substitution of Antiphlogistine in place of flaxseed to the thorax, front, back and sides at intervals of eight to ten hours, and hypodermics of digitaline and whisky at proper intervals. The following morning found the patient slightly improved, fever 104 degrees, respiration 28, pulse 132, and still unconscious. I was delighted, however, to find that ten hours afterward she had regained consciousness and that the general symptoms were still further improved. I then ordered nourishment in the form of milk, broths, etc., and the addition of aconite to the treatment. From that time on the patient continued to improve daily with no further aggravation of the symptoms, and at the expiration of two weeks she had quite recovered. While I am willing to give the digitaline, whisky, aconite and nourishment proper credit for their part of the work, I am thoroughly convinced, and do not believe I could be persuaded to the contrary, that the persistent and proper use of Antiphlogistine was responsible for the woman's recovery.

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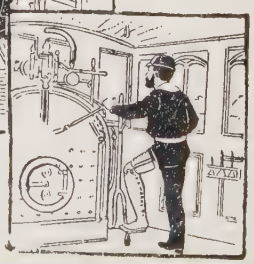

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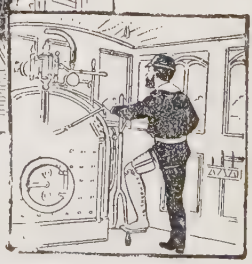

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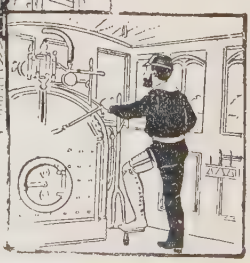

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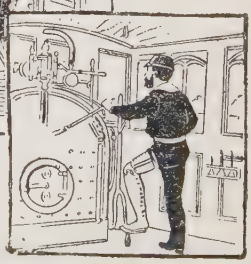

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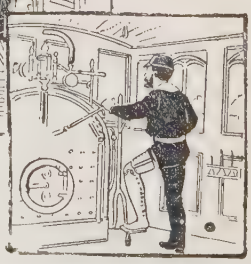

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